

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003280

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

22

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6139 Tennessee | | d. STREET ADDRESS (If outside, give location) 6139 Tennessee | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Louis A. Buchroeder | | 4. DATE OF DEATH Month Day Year Jan. 2, 1963 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 3, 1883 |
| 9. AGE (last birthday) 79 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME unk Buchroeder | | 13b. MOTHER'S MAIDEN NAME unk | |
| 14. NAME OF HUSBAND OR WIFE Alma Buchroeder | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no none) | |
| 16. SOCIAL SECURITY NO. 271 | | 17. INFORMANT Alma Buchroeder 6139 Tennessee | |
| 18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Generalized Arteriosclerosis 420.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH unknown unknown | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Jan. 2, 1963 | |
| 20g. COUNTY | | 20h. STATE | |
| 21. I attended the deceased from Death occurred at 9 a.m. | | and last saw her/him alive on Jan. 2, 1963 | |
| 22a. SIGNATURE (Dugree or title) Nicholas A. Young M.D. | | 22b. ADDRESS 4307 S. Grand Blvd | |
| 22c. DATE SIGNED 1/3/63 | | 22d. LOCATION (City, town, or county) St. Louis County, Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 1-4-63 | 23c. NAME OF CEMETERY, OR CREMATORY St. Johns Cem. | |
| 23d. LOCATION (City, town, or county) St. Louis County, Mo. | | 23e. DATE RECD. BY LOCAL REG. JAN 3 1963 | |
| 24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand St. Louis, Mo. | | 25. REGISTRAR'S SIGNATURE Loan Smith, M.D. | |

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. Mark Young

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James C. Hill

Licensed Embalmer No. 4347

P. O. Address 6322 So Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.